

**United States Bankruptcy Court
Western District of Tennessee**

In re **Rosalyn A. Mason**

Debtor(s)

Case No.
Chapter

13

**CHAPTER 13 PLAN
(INDIVIDUAL ADJUSTMENT OF DEBTS)**

DEBTOR(S): (H) **Rosalyn A. Mason** S.S.# **xxx-xx-2279**
(W) S.S.#

ADDRESS: **6612 Goldeneye Drive**
Memphis, TN 38141

PLAN PAYMENT: Debtor(s) to pay \$ **815.00 Every Two Weeks**

PAYROLL DEDUCTION: OR () DIRECT PAY

BECAUSE:

FIRST PAYMENT DATE:

PLACE OF EMPLOYMENT: **Regional One Health**
Attn: Payroll
877 Jefferson Avenue
Memphis, TN 38103

ADMINISTRATIVE: Pay filing fee, Trustee's fee, and debtor's attorney fee, pursuant to Court Order.

AUTO INSURANCE: (X) Not included in Plan () Included in Plan \$ **MONTHLY PLAN PMT. -NONE-**

CHILD SUPPORT: Future support through Plan to \$ **MONTHLY PLAN PMT. -NONE-**

Child support arrearage amount \$

PRIORITY CREDITORS: **Internal Revenue Service (\$9766)** \$ **163**

HOME MORTGAGE: If no arrearage, ongoing payments are to be paid directly by the debtor(s).

Specialized Loan Servicing (\$91,662) Ongoing pmt. Begin **October 2015** \$ **911.84**

Approx. arrearage **16,500.00** Interest **0.00** % \$ **275.00**

SECURED CREDITORS; (retain lien 11 U.S.C. Sec. 1325{a}{5})	VALUE COLLATERAL	RATE OF INTEREST	MONTHLY PLAN PMT.
Credit Acceptance (\$12,654)	\$ 12,654.00	5.25 %	\$ 241.00

UNSECURED CREDITORS: Absent a specific court order otherwise, all claims, other than those specifically provided for above, shall be paid as general unsecured debts. Percentage to be paid to be determined by Trustee;

ESTIMATED TOTAL UNSECURED, NON-PRIORITY DEBT: **\$6,874.00**

TERMINATION: Plan shall terminate upon payment of the above, approximately **60** months.

Rejected Leases

-NONE-

Assumed Leases

-NONE-

*ADEQUATE PROTECTION PAYMENT WILL BE 1/4 (25%) OF PROPOSED CREDITOR MONTHLY PAYMENT.

FAILURE TO FILE TIMELY WRITTEN OBJECTION TO CONFIRMATION WILL BE DEEMED ACCEPTANCE OF PLAN.

DEBTOR'S ATTORNEY: **Janet M. Lane 014634**
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